

Application Data Sheet  
Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Title:: MAGNETIC RESONANCE IMAGING METHOD

Attorney Docket Number:: 7665-0003WOUS

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 6

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition type::

Licensed US Govt. Agency::

Contract or Grant numbers::

Secrecy Order in Parent Appl.?:: No

## Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Sebastian

Middle Name::

Family Name:: Kozerke

Name Suffix::

City of Residence:: Hedingen

State or Province of Residence::

Country of residence:: Switzerland

Street of mailing address:: Alte Affolternstrasse 18

City of mailing address:: Hedingen

State or province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-8908

## Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: Boesiger

Name Suffix::

City of Residence:: Ennetbaden

State or Province of Residence:

Country of residence:: Switzerland

Street of mailing address:: Rebbergstrasse 73

City of mailing address:: Ennetbaden

State or province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-5408

## Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Klaas

Middle Name::

Family Name:: Pruessmann

Name Suffix::

City of Residence:: Zürich

State or Province of Residence:

Country of residence:: Switzerland

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City of mailing address:: Zürich

State or province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-8045

## Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Cannada

Status:: Full Capacity

Given Name:: Jeffrey

Middle Name::

Family Name:: Tsao

Name Suffix::

City of Residence:: Brookline

State or Province of Residence: MA

Country of residence:: USA

Street of mailing address:: 2 Saint Paul Street, Apt. 309

City of mailing address:: Brookline

State or province of mailing address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 02446

## Correspondence Information

Correspondence Customer Number:: 35301

Name::

Street of mailing Address::

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E-Mail address:: lind@ip-lawyers.com

## Representative Information

Representative Customer Number::	35301	
Representative Designation::	Registration Number::	Representative Name::
Primary	24,420	John C. Linderman


### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed:
EP	03015012.2	07/02/03	yes
PCT	PCT/CH2004/000387	06/24/04	yes

## Assignee Information

Assignee name:: Universität Zürich, Prorektorat Forschung

Street of mailing address:: Rämistrasse 71

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Country of mailing address:: Switzerland

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## Assignee Information

Assignee name::Eth Zürich, Eth Transfer

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State or Province of mailing address::

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